24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND	C C00562777
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Ralston Lapp Media	Date of Public Distribution/Dissemination
	09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1054 31st Street NW Suite 430	Amount
City State Zip Code	10060.31
Washington DC 20007	Transaction ID : SE.5149 Date of Disbursement or Obligation
Purpose of Expenditure Media - Non-contribution Account Category/ Type	09 06 Y Y Y Y Y
Name of Federal Candidate Support Offic	ee Sought: House District:
DONALD J TRUMP X Oppose X	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb. 2016	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Targeted Platform Media LLC	09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1291 Hollywood Avenue	Amount
City State Zip Code	38403.00
Annapolis MD 21403	Transaction ID : SE.5154 Date of Disbursement or Obligation
Purpose of Expenditure Media - Non-contribution Account Category/ Type	08 / 31 / 2016
	ce Sought: House District:
DONALD J TRUMP X Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	48463.31
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	48463.31
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	